

STANDARD CERTIFICATE OF DEATH

State File No. 2656

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Generty
(b) City or town Stoubergy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R 5th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 yrs
In this community 60 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Generty
(c) City or town Stoubergy
(If outside city or town limits, write "RURAL")
(d) Street No. E. 5th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Mrs Julia Ann Long
3. (b) If veteran, ✓ name war ✓
3. (c) Social Security No. 70142

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 1st
year 1946 hour 11 minute AM

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife W.M.C. Long
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased: Jan 24 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January
1927 to Dec 31, 1945
that I last saw her alive on 8PM Dec 31, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 11 Days 7
If less than one day hr. min.

Immediate cause of death: Myocarditis (Chronic) Duration 3 yrs
Due to Pulmonary edema 4 week

9. Birthplace: Harrison CO MO
(City, town, or county) (State or foreign country)

Due to Chronic Hepatitis 3 yrs
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation: Housewife

PHYSICIAN
Major findings: 12/18
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

11. Industry or business: at home

MOTHER FATHER
12. Name David Lamb
13. Birthplace Boston Mass
(City, town, or county) (State or foreign country)
14. Maiden name Emily Honeoyson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Ruth Long

(b) Address: Stoubergy MO

17. (a) (b) Date thereof: 1/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Stoubergy MO

18. (a) Signature of funeral director: Robert H. Phillips

(b) Address: Stoubergy MO

19. Jan 10 1946 (Date received local registrar)
Homer D. Mabe (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
23. Signature: R. L. McIlwain (M. D. or other) Do
Address: Stoubergy MO Date signed: 1-2-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

602

MAR 19 1956

Dr. M. C. ...

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

~~working under my personal supervision.~~

Signed.....

Licensed Embalmer No. 1898

P. O. Address. Stenberg MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.